FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09794 (1)

1. Corporation Name

COSTA BRAVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3018 GREENS AVENUE ORLANDO FL 32804	3018 GREENS AVENUE ORLANDO FL 32804

3. Date Incorporated or Qualified: 06/17/1985

3a. Date of Last Report: 05/01/1995

4. FEI Number: 26-3132816 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3012 Greens Ave	26 3012 Greens Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32804-3728 Country 25 USA	Zip 29 32804-3728 Country 30 USA

9. Name and Address of Current Registered Agent

BERMAN, RON
3018 GREENS AVE.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Leslie B. Gray
82 Street Address (P.O. Box Number is Not Acceptable): 3012 Greens Ave
83
84 City: Orlando FL 85 Zip Code: 32804-3728

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Leslie B. Gray, PD — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Leslie B. Gray — DATE: 4/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OGRADY, VICKIE		1.2 NAME		
STREET ADDRESS	3020 GREENS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, RON		2.2 NAME		
STREET ADDRESS	3018 GREENS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JIM		3.2 NAME		
STREET ADDRESS	3016 GREENS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRAY, BEN		4.2 NAME	Leslie Benjamin Gray	
STREET ADDRESS	3012 GREENS AVE		4.3 STREET ADDRESS	3012 Greens Ave	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32804-3728	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Kristen Kinney	
STREET ADDRESS			5.3 STREET ADDRESS	3010 Greens Ave	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32804-3728	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Deborah McLaughlin	
STREET ADDRESS			6.3 STREET ADDRESS	3014 Greens Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32804-3728	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie B. Gray / Leslie Benjamin Gray, P.D. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/26/96
Daytime Phone #: (407) 246-2754